

TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 6/2000c)

See Instructions and *Privacy
Statement On Reverse Side

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Pages

CLAIMANT'S NAME Maziar Movassaghi		SSAN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT Toxic Substances Control	
POSITION Acting Director	CB/ID NUMBER NR	DIVISION OR BUREAU Executive Office		INDEX NUMBER [REDACTED]	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1001 I Street		TELEPHONE NUMBER [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		(6) O.T., LT, N/C, RELO, DINNER	(7) INCIDENTALS	TRANSPORTATION			(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING		
										PRIVATE CAR USE MILES AMOUNT		
5/08	08:30	Residence to Burbank							SC/A	N/A		
5/08		AM - All-Staff Meeting in Chatsworth Office								9.00		9.00
		PM - Meeting in Santa Monica with Waste Board Member Sheila Kuehl re Green Chemistry										
5/8	23:35	Burbank to Residence				18.00						18.00
5/20	12:00	Office to Ontario	91.61			18.00			SC/A			109.61
5/20		Palm Desert - Meeting with Department of Interior re: PG&E Topoc							RC			
5/21		Palm Desert - Speaker at Topoc Leadership Meeting										
5/21	23:00	Ontario to Residence		N/A	N/A	18.00	6.00			30.00		54.00
5/28	13:40	Office to Burbank	121.10			18.00			SC/A	14.00		153.10
5/28		Attend SSFL Community Workgroup Meeting							RC			
5/29		SSFL Tour all day		6.00	10.00	18.00	6.00					40.00
5/29	21:06	Burbank to Residence								30.00		30.00
(10) SUBTOTALS			212.71	6.00	10.00	90.00	12.00			83.00		413.71

CLAIM TOTAL

\$413.71

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

A (Air) SC (State Car) PC (Private Car) RC (Rental Car)

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	TOTAL
8:00 am - 5:00 pm	95080			292		330.71	295		83.00							\$413.71
(13) PRIVATE VEHICLE LICENSE No. 7PGL740																
(14) MILEAGE RATE CLAIMED /mile																
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No.																
TOTALS						330.71			83.00							\$413.71

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 6/4/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6/5/09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE